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The Counselling Experiences of Individuals who are Estranged from a Family Member

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The Counselling Experiences of Individuals who are Estranged from a Family Member

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Abstract

Objective: For the first time this study explored the counselling experiences of individuals estranged from a family member and the ways in which therapy was helpful and/or unhelpful.

Background: Family relationships are often assumed to be permanent. However, family members both can and do become estranged from one another, which can be a challenging experience, leading to feelings of sadness and loss and experiences or perceptions of stigma.

Method: Findings are presented from an online survey of individuals who are estranged from one or more family members and had sought support from the charity 'Stand Alone'. Open-text responses were thematically analysed from 209 respondents: 133 of whom elaborated on counselling experiences which had been helpful and 107 of whom described counselling experiences that had been unhelpful.

Results: Helpful encounters with therapy were those in which respondents felt supported to make their own decisions about their family relationships, developed insight and understanding through working with professionals who were knowledgeable about estrangement, and moved forward in their lives.

Conclusion: Therapy that is delivered by professionals who offer non-directive support (rather than suggesting that clients act or feel a certain way) and who are knowledgeable about estrangement will be of the greatest help and utility to individuals estranged from a family member.

Implications: Commissioning bodies who offer support to estranged individuals need to ensure that counsellors are knowledgeable about estrangement and that training on this issue is included in ongoing career professional development.

Keywords: estrangement; intergenerational relationships; client's perspective; therapeutic relationship.

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The Counselling Experiences of Individuals who are Estranged from a Family Member

Relationships between family members in adulthood have been described by family scholars as being inherently different to those we have with friends and colleagues. Specifically, the relationships that we have with family members have been described as “permanent;” “involuntary;” and “difficult, if not impossible, to dissolve” (Pillemer et al., 2007; Umberson, 1992; Vangelisti, 1993). However, research has emerged in the past decade on adult family members who have distant or inactive relationships in adulthood in terms of contact, communication, and relationship quality, which is increasingly referred to as *estrangement* (Agllias, 2017; Blake, 2017).

There is no single agreed upon definition of estrangement (Blake, 2017; Scharp & Dorrance Hall, 2017). Whereas qualitative researchers have focused on the negative quality of the relationship and the voluntary or intentional decision of at least one family member to initiate and maintain distance, quantitative researchers have tended to focus on the presence or absence of contact between family members (Blake, 2017). Although estrangement is often conceptualized as a disruption or rupturing of normal functioning (Allen & Moore, 2017), researchers have noted that estrangement also has the potential to be a healthy response to an unhealthy situation (Agllias, 2011; Scharp & Dorrance Hall, 2017; Scharp & McLaren, 2018).

The factors that contribute to family estrangement are diverse and unlikely to exist in isolation (Agllias, 2016, Blake, 2017). Stressful family circumstances and experiences that might contribute to estrangement include, but are not limited to: sexual, physical, or psychological abuse or neglect (Agllias, 2015, 2016; Conti, 2015; Scharp & McLaren, 2018; Scharp, Thomas, & Paxman, 2015); poor parenting and betrayal (Agllias, 2016); drug abuse (Conti, 2015; Davis-Berman, 2011); disagreements, romantic relationships, politics, homophobia, and issues relating to money, inheritance, or business (Conti, 2015). Family

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estrangement may also be initiated or exacerbated by physical or mental health problems in the family (Agllias, 2015; Conti, 2015; Mitrani & Czaja, 2000; Scharp et al., 2015).

Prevalence rates of family estrangement are difficult to determine, to some extent due to the fact that estrangement has been defined and operationalized in different ways. However, estrangement has been identified as an issue that is often raised in therapeutic settings as a primary issue, or one that is not explicitly discussed but exerts substantial influence on the family nonetheless (Dattilio & Nichols, 2011).

The Consequences of Family Estrangement

Estrangement from a family member can be a challenging experience. For example, anger, shock, sadness, crying, and frustration are common feelings and experiences for adult children who are estranged from a parent (Agllias, 2018). Similarly, parents who are estranged from their adult children experience feelings of sadness, shock, anger, and disappointment (Agllias, 2013, 2015; Jerrome, 1994; Schwartzman, 2006; Sims & Rofail, 2014).

Loss is another common feeling among parents who are estranged from an adult child (Agllias, 2013; Schwartzman, 2006). In particular, the feeling that they have lost their role in the family, and this loss is especially poignant for mothers when this role had given them a sense of meaning and purpose in their lives (Agllias, 2013; Schwartzman, 2006). Adult children who are estranged from a parent likewise experience the loss of the emotional, financial, and practical support that parents can provide (Agllias, 2018).

Those who are estranged from a family member also perceive or experience stigma about family estrangement (Agllias, 2011, 2013; Scharp & Thomas, 2016; Sims & Rofail, 2014). Parents who are estranged from their children feel ashamed and not normal (Agllias, 2013; Jerrome, 1994; Schwartzman, 2006), and adult children who are estranged from a

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parent often feel pressure from those around them to maintain the parent–child relationship rather than persist with the estrangement (Scharp et al., 2015).

Estrangement from a family member can have a ripple effect by having a negative impact on the individual’s relationships with friends, colleagues, and other family members. Mothers in particular have been found to feel anxious and guarded in social situations, changing the topic of conversation if the subject of children or grandchildren is raised (Agllias, 2013). Adult children estranged from a parent have likewise been found to avoid disclosing their estrangement from their parents to those in their social network out of fear that they will be misunderstood or judged (Scharp, 2016), and when they have disclosed their estrangement they have felt unsupported (Agllias, 2017; Scharp, 2016).

Coping with Family Estrangement

Thus far, relatively little attention has been paid to how individuals cope with estrangement in term of seeking support. Given that those experiencing estrangement perceive or experience stigma and discuss their estrangement rarely and with few people (Scharp, 2016), counselling might be a particularly valuable or helpful endeavor.

A small number of studies have examined the issue of estrangement in a therapeutic setting (Dattilio & Nichols, 2011; Friedlander Lee, Shaffer, & Cabrera, 2013). These studies have identified the importance of the relationship between the therapist and each family member (the therapeutic alliance) and of family members feeling able to express their feelings in a safe environment (Friedlander et al., 2013). However, nothing is known about counselling experiences from the perspective of the estranged individuals themselves.

Outside of the estrangement literature and within the counselling literature more broadly, research that explores client’s perspectives of therapy has been described as sparse, yet growing (Elliot & Williams, 2003; Hodgetts & Wright, 2007). Clients have consistently been found to value counsellors who are warm, caring, and listen in a non-judgmental manner

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(Bowman & Fine, 2000; Elliot & Williams, 2003; Glass & Arnkoff, 2000; Hodgetts & Wright, 2007; Kuehl, Newfield, & Joanning, 1990; MacCormack et al., 2001). Specific behaviors that indicate the counsellor likes the client (i.e., asking questions, making encouraging comments) have been found to help develop a positive counsellor–client relationship (Bedi, Davis, & Arvay, 2005; Duff & Bedi, 2010), although these behaviors need to be used appropriately, timed properly, and implemented with skill. Clients also value therapy in which they feel respected, and their feelings and experiences are accepted and considered to be valid (Bowman & Fine, 2000; Glass & Arnkoff, 2000; Manthei, 2007).

A positive client–therapist relationship (the therapeutic relationship) has been found to correlate with positive outcomes for the client (Horvath, 2000; Lotti, 2007). Importantly, it is the client’s perception of the relationship that is the most salient factor when it comes to the success of the therapy process (Horvath, 2000). Therefore, research that explores the client’s perspective is both necessary and of great value.

The Present Study

Given that no empirical research has yet explored the counselling experiences of individuals estranged from one or more family members, the following research question was addressed: In what ways do respondents find therapy to be helpful or unhelpful? Given the lack of empirical research on this topic, counsellors might not know what estranged individuals need and how to provide it. Through addressing these aims and objectives, evidence-based guidelines can be developed for those working therapeutically with estranged individuals.

Method

Data were collected using an online questionnaire designed to explore the estrangement experiences of those in the Stand Alone community (www.standalone.org.uk), which is a charitable body based in the United Kingdom that aims to provide support to

individuals who are estranged from their family or from a key family member. Informed consent was obtained from all respondents in accordance with ethical standards approved for this study by the University of Cambridge Psychology Research Ethics Committee.

Participants

In 2015, the survey was disseminated via e-mail to 1,629 members of the Stand Alone community who had signed up to their e-mail list, inviting them to participate in an online study on family estrangement. The survey was available to complete online for 4 months, and one follow-up e-mail with another invitation to participate was send during that time. These procedures resulted in 807 members of the Stand Alone community completing the survey (response rate = 50%).

Given that respondents to the survey were members of the Stand Alone community and voluntarily responded to the call for research participants, the operationalization of *estrangement* for the present study is identity-based (Blake, 2017). The only inclusion criteria were that participants had to be 18 years of age or older and estranged from a family member. Therefore this sample comprises members of the Stand Alone community regardless of whether they initiated estrangement, which has been a criterion for inclusion in some qualitative studies of estrangement (e.g., Agllias, 2017; Scharp & Dorrance Hall, 2017), or the frequency of contact that they had with their estranged family member, which has been a criterion for inclusion in some quantitative studies of estrangement (e.g., Conti, 2015; Kim, 2006). This operationalization of estrangement was established to reflect the sample of the Stand Alone community (i.e., individuals who identified with the word *estranged* and who had sought out support from the charity). That said, the demographic characteristics of responders and non-responders cannot be compared because no demographic data are available for e-mail list subscribers who did not respond to the survey.

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In the present study, analyses are limited to data from respondents who answered open-ended questions regarding their counselling experiences. Specifically, the sample for the present study comprises individuals who responded to open-ended questions about aspects of external support and had described aspects of counselling and therapy that they had received that had been particularly helpful ($n = 133$) or unhelpful ($n = 107$).

Of the 209 respondents who answered one or both of these questions, estrangement was reported with a mother (63%), a father (46%), one or more brothers (53%), one or more sisters (46%), one or more daughters (14%), and one or more sons (11%). Most respondents (58%) were estranged from two different kinds of family members (e.g., a parent and a sibling, or a sibling and an adult child) and 5% were estranged from three kinds of family members (e.g., parent, sibling and adult child).

Respondents were between 19 and 72 years of age ($M = 44.6$, $SD = 11.9$), and a majority lived in the United Kingdom (49%), the United States (29%), Canada (10%), or Australia (7%); the remaining 5% lived in Austria, China, France, India, the Netherlands, New Zealand, and Switzerland. Most respondents (93%) classified themselves as White; others classified themselves as Asian (2%), mixed race (1%), Black (1%), or “other” (1%; these respondents identified themselves as Latino or Hispanic). An additional 1% of respondents did not indicate their racial or ethnic identity. With regard to highest education completed, 56% had a university degree or higher, 22% had completed a 2-year college or preparatory school, 12% had completed no education beyond high school, and 10% did not provide this information.

The vast majority of respondents identified as female (91%); others identified as male (5%), female-to-male transgender (1%), or “other” (2%, including “agender,” “genderqueer,” and “mostly female”). Reported sexual orientation of respondents included heterosexual (82%), bisexual (8%), lesbian (2%), gay (2%), and “other” (4%); the latter group variably

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described their orientation as asexual, bi-curious, pansexual and uncertain. Three respondents did not report their sexual orientation.

Measures

The online questionnaire comprised multiple choice and open-ended items developed by the authors after reviewing existing literature on family estrangement and drawing upon the practical experience of the second author in her role as the founder and leader of a charity that supports individuals who are estranged from a family member. The survey was divided into four main sections: (a) demographics (gender, age, sexual orientation, etc.); (b) estrangement experiences (obtaining data on with whom respondents were estranged, the causes and length of estrangements, etc.); (c) respondents’ experiences of being estranged (e.g., the times of year that estrangement was particularly challenging for respondents, sources of support, etc.); and (d) standardized questionnaires about general well-being (e.g., loneliness). The survey was piloted to ensure that questions were clear and had face and content validity, and all questions in the survey were optional; therefore, not all respondents answered every question.

To address the research question, the focus on the present study was on data from the section of the survey exploring respondents’ experiences of estrangement and sources of support. Specifically, responses to the following two open-ended questions were analyzed: (a) “What kind of external help and support have you found particularly useful or helpful?” and (b) “What kind of reactions from external help and support have you found unhelpful and/or hurtful?”

Analysis

Responses to the two questions of primary interest for this study were included in the analysis if respondents specifically wrote about the helpful ($n = 133$) or unhelpful ($n = 107$) aspects of therapy or counselling that they had received. Although the words *counselling* and

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3 *therapy* are used throughout the paper, these terms are used broadly to also include support
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5 given by other professionals, such as psychotherapists, psychologists and psychiatrists.
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8 The qualitative data produced by these questions were analyzed in accordance with
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10 the principles of thematic analysis (Braun & Clarke, 2006). The first stage in the six-stage
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12 process entailed the first author becoming familiar with the responses of those who expanded
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14 on their reasons as to why counselling was helpful or unhelpful. Following familiarization
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16 with the data, the second stage involved the generation of initial codes that closely resembled
17
18 the respondents' own words. In the third stage, the codes were then collated into potential
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20 themes, whereby overlapping codes were merged. In stage four the themes were reviewed to
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22 ensure that they reflected the entire data set and in stage five the themes were defined and
23
24 named. During the sixth and final stage of thematic analysis, extracts were selected and
25
26 analyzed in relation to the research question. The results below are grouped according to
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28 these themes and quotations from the participants are provided.
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33 The data were coded by the first author and discrepancies, questions, and queries were
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35 discussed by the research team throughout the coding process until a consensus was reached.
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37 To ensure the validity of the results, peer debriefing and a systematic audit trail were
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39 conducted (Flick, 2014). The former involved a family researcher experienced with
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41 qualitative methods becoming familiarized with the data and discussing the themes that had
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43 been identified. The latter involved an experienced family researcher reviewing and retracing
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45 all of the relevant steps in the research process, from the raw data, to data reduction, to the
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47 summary or synthesis of themes and interpretations.
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Findings

Helpful Experiences in Counselling

Three themes were identified as helpful experiences in counselling. These included: (a) feeling supported, (b) developing insight and understanding, and (c) moving forward.

Feeling supported. The most common adjective respondents used to describe their therapist was “supportive.” For those respondents who expanded on this word and quality, a key aspect of being supportive was the way in which their therapist supported the respondent’s decisions, rather than suggesting that they act in a certain way. Specifically, respondents appreciated their therapist’s support for their decisions, whether the decision was to initiate or maintain estrangement or to attempt to resolve the issues in their estranged family relationships.

Other respondents described their therapist as being supportive of their feelings. These respondents valued counselling experiences in which they did not feel pushed toward certain feelings or actions (e.g., forgiveness), or pressured into thinking that their family relationships had to or “should” look or function in a particular way.

I have been extremely fortunate to have seen counsellors who fully support my version of events and are focused on my healing and recovery. They have been guided by what I want/need from my family relationships. They have never exerted pressure on me to try and have a relationship with them or try to reconcile. They are trusting my judgement and supporting that. This has been exceptionally helpful. (Female, estranged from sisters and brothers, Australia)

Some respondents also appreciated being allowed to process issues at their own pace and valued feeling that they could address certain issues when and not before they felt ready to do so. For example, one respondent wrote: “I connected with a counsellor who was amazing. She listened, and offered feedback. She held my hand through some of the

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3 gruesome parts and let me set the pace” (female; estranged from mother, father, and brothers;
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5 Canada).

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8 Respondents felt that their therapists had listened to and supported them, and
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10 validated their feelings and perceptions by believing their accounts of what they had
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12 experienced. This was especially helpful for those who felt that they had not been believed or
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14 had been accused of exaggerating by others in the past. Indeed, one of “the most healing
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16 things” was having a counsellor who provided “unconditional positive regard and full
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18 validation of my feelings—whatever those feelings might be” (female, estranged from mother
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20 and father, New Zealand). Some respondents valued being told that the estrangement and
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22 certain situations, experiences, or relationship dynamics were beyond their control and were
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24 therefore not entirely or solely their fault. In the non-judgemental and supportive
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26 environments created by their therapists, respondents felt able to talk openly about their
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28 feelings. For some, this context was the first in which they had felt able or willing to do so:
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30 “Therapy has been extremely helpful as it has allowed me to open up when previously I had
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32 not talked about my family at all” (female, estranged from father, United States).

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37 The therapy process was identified as being a two-way process, with respondents
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39 feeling able to share their experiences and therapists offering their own reflections and
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41 feedback, reframing respondents’ experiences in helpful ways. For example, a respondent
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43 believed that her therapist had helped her to “become a stronger person” by challenging her
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45 thinking, but doing so in a way that did not pass judgement (female, estranged from mother
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47 and sisters, United States).

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51 Respondents also described interacting with counsellors who were encouraging,
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53 compassionate, calm, caring, empathetic, and understanding. Some went on to describe their
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55 therapist as being loving and nurturing, and even acting as a substitute or surrogate parent.
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57 Other positive values or characteristics that were admired in counsellors were those of
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consistency and reliability. Respondents felt that they could rely upon and trust their counsellors for consistent care and even use the therapeutic alliance as a model of a healthy relationship:

The most important person in my support network has been a therapist. . . . She was my crutch, my rock, my candle lighting the way simply by her continual and unwavering belief in who I am. . . . Now [that] I know what it feels like, I can use this [positive relationship experience] to build upon. (Female; estranged from mother, father, sister, and brother; Switzerland)

Developing insight and understanding. Respondents felt that they benefitted from counselling by gaining insight and understanding about patterns of behaviors in their family relationships, both in general and about particular situations and experiences (e.g., family systems affected by alcoholism and abuse). Through the therapy process, respondents felt able to “fit the pieces together,” “make sense,” and “come to terms” with their past and current experiences and issues. Respondents described gaining an awareness and understanding of their history by reflecting on the quality of their family relationships over time and the ways in which family members typically interacted with one another within the family system.

Gaining insight and developing understanding via therapy allowed respondents to “work though,” “sort out,” or “untangle” their thoughts and experiences, and in the process better understand themselves as individuals. In becoming aware of issues and working through past experiences, respondents felt that they had gained perspective:

“Therapy has been very helpful as it has given me space to acknowledge and make sense of my experience although this is still an ongoing process.” (Female, estranged from a mother, father and a brother, United Kingdom).

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Respondents valued their counsellors' expertise in the functioning of specific family systems (e.g., alcoholic family systems, narcissism, abuse, childhood abuse), and understanding of estrangement in particular. One respondent wrote that the trauma and abuse specialist with whom she was working had "provided profound insights into the damage caused and how to end the cycle of abuse" (female; estranged from mother, father, and a brother; Canada).

Moving forward. Respondents described learning tools and strategies that were of great benefit to them during and after therapy. These tools and strategies included: learning to manage and maintain healthy and appropriate boundaries in relationships, ways to boost self-esteem and enhance feelings of self-worth, assertiveness training, techniques for confronting others, the ability to articulate needs and ensure that they are met, general relationship skills, and coping mechanisms and strategies for dealing with feelings of grief and loss.

There are always new aspects of the situation that arise so it is nice to have a tool that I can use myself and when I get stuck on an issue where I feel myself avoiding, I can have a certified person guide me through it. (Female, estranged from a mother and a son, United States).

In gaining these tools and strategies respondents felt able to "stand on their own two feet" and cope without their counsellors. The therapy process had a beneficial impact on different areas of the respondents' lives, such as work and friendships and helping respondents be the kind of parents they wanted to be. The lessons learned in the therapy were described as "vital" and "essential" for moving forward, and for some "life changing" and a "life-saver." One respondent succinctly captured this sentiment: "I can't thank [my counsellor] enough for helping to clarify issues, what I can change, what I shouldn't tolerate, and how to move forward into happiness, peace, and health" (female, estranged from a mother, United States).

Unhelpful Experiences of Counselling

Three themes were identified as unhelpful experiences in counselling. These comprised the following (a) feeling unsupported, (b) experiencing barriers and blocks, and (c) stagnation.

Feeling unsupported. Unhelpful experiences with therapists were those in which respondents felt pushed to reach particular conclusions or feel a certain way. These included situations where respondents were given specific advice to forgive before they felt ready or able to do so, to take medication, to accept that a relationship would not change, to initiate estrangement, and to move forward before the respondent felt ready to do so. One respondent recalled a counselor who had told her “more than 40 years ago to go through life like I had no mother” as particularly unhelpful because she had not been “ready to realize it was a permanent situation” (female, estranged from a daughter and a brother, United States).

Therapists with whom respondents had had negative encounters were described as lacking in experience or skills to effectively deliver therapy, such as becoming visibly upset when hearing about the respondent’s past experiences, asking leading questions, or making assumptions about the respondent’s thoughts and feelings. Counsellors were also described as lacking in knowledge and expertise about estrangement in particular, and how various areas of one’s life can be impacted by estrangement. Others described their counsellors as lacking an understanding or appreciation of family dynamics and relationships in general, or that their counsellor lacked specific knowledge about familial abuse and cultural differences. A respondent wrote:

I had talked about my mum for about 20 minutes and the [therapist/counsellor] went: “Talk to your mum, she cares about you. She's Your Mum.” In this very serious tone like he was imparting a really key truth of the universe. It was invalidating and

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upsetting because it was like nothing I said counted. (Female; estranged from mother, father, and a brother; United Kingdom).

Respondents also described experiences with therapists in which they felt that their counsellor did not understand the gravity or seriousness of what they had experienced, or the impact that certain events or experiences had had on their lives. Many also felt that they were being judged and that they were not believed or understood, such as a resident who wrote that multiple counsellors had told her that the estrangement was her fault and that she “was extremely imaginative because stuff like [what she described] didn’t happen” (female; estranged from a mother, father, and son; United States).

Unhelpful counselling experiences ranged from abusive (e.g., one’s therapist making sexual advances, committing sexual assault) to those in which respondents felt abandoned or that they could not trust or rely upon their counsellor. Others described feeling that a particular religious belief was being forced on them, or that the advice that they were given was offensive, dismissive, or hurtful. One respondent described two such instances:

Once I saw a psychiatrist who was rude and dismissive of my issues. I left the session crying and it put me off therapy for a long time. Another displayed a homophobic reaction when I told him I had a male partner and ended the session abruptly after 10 minutes, when I had waited months to see someone. (Male; estranged from mother, father, and a sister; United Kingdom)

Respondents described unhelpful experiences as those in which they felt they could not trust their therapist. Distrust was often rooted in issues concerning payment or confidentiality. Others experienced instability when counsellors moved geographically or changed jobs, leaving respondents feeling abandoned.

Experiencing barriers and blocks. Numerous respondents described the process of finding a therapist who was a “good fit” for them as long, challenging, “hit or miss,” often

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involving negative experiences and encounters that had a lasting impact on some. As one respondent put it, “a good [counsellor] helped me in becoming stronger mentally and physically and in focusing better whereas a couple of poor ones made me feel worthless and a burden to them—I found these quite damaging and they set me back” (female; estranged from mother, father, and brothers; United Kingdom). Furthermore, as the search process unfolded, respondents had “to retell the entire backstory again,” which could be “overwhelming” (female; estranged from mother, daughter, and a son; Canada). Searching for a counsellor who was a good fit was also anxiety-provoking for some with limited financial resources because they were unable to afford to shop around for a therapist.

Some respondents described other barriers to accessing therapy and support, such as long waiting lists and stringent eligibility criteria (e.g., being judged to be lacking in urgency, or therapy only being available to those who had attempted suicide). Indeed, several respondents described wanting and needing therapy but feeling discouraged by long waiting lists or being told that help was not available, leading to respondents feeling despondent due to the perception that no one cared about them or that they did not matter: “Difficulty in accessing mental health services reinforced [my] view when I'm feeling down that no one cares about me” (female; estranged from mother, father, and a sister; United Kingdom).

Often the only therapy available to respondents was short-term, leaving respondents feeling that they did not get the support they needed to work through deeper issues and gain clarity and understanding: “Counselling helps to some extent. Although it was only for a set amount of time, and the issues resurface.” (Female, estranged from a father, sister and a brother, United Kingdom).

Stagnation. Unhelpful counselling experiences were those in which respondents did not feel that they had received helpful guidance or were able to move toward a solution or resolution to their issues, but rather, left the counselling experience with the same feelings

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with which they had begun therapy. These respondents often indicated that they were not given any guidance or practical advice and support, and that the focus of therapy was too much on the past and not enough on the future or moving forward. In short, “endless discussions with no concrete suggestions” were perceived as unhelpful (female, estranged from daughters, Canada).

Respondents indicated that therapy did not essentially help them in solving a problem. Rather, they felt that they had begun to process difficult emotions and experiences but had not reached a resolution: “It has been good to feel I'm taking some sort of action by having counselling. However, it's often hard and impractical as it leaves me with nothing but open wounds.” (Female, estranged from a mother, United Kingdom). Others indicated that despite making some progress in therapy, the underlying feelings that they had remained the same and therapy was therefore ultimately unhelpful and frustrating.

Discussion

This is the first study designed to explore the counselling experiences of estranged individuals, focusing specifically on the aspects of counselling that were found to be particularly helpful or unhelpful. Therapy was considered to be helpful when counsellors were supportive of respondents' decisions and feelings and did not push them to think, feel or act in a certain way (e.g., to forgive family members, or to initiate estrangement). In addition to coming to their own decisions as to what choices and actions would be in their best interests, respondents also valued counsellors who had expertise about estrangement. For example, therapists or counsellors who reinforced commonly-held assumptions or myths about family relationships (e.g., that mothers are always loving, or that active and close relationships with family members is always desirable) were identified as being unhelpful. This echoes the advice of Scharp and McLaren (2018), who recommend that professionals

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resist telling clients that their parents love them, as this is not how the adult children in their study experienced or perceived their relationships with their parents.

Our findings also echo those of Scharp (2016), who explored the ways in which estranged individuals disclose and shared information about their estrangement from a parent with those in their social networks. Advice offered in which a particular course of action was recommended (most commonly reconciliation) was likewise experienced as being unhelpful. These findings suggest that estranged individuals might benefit most from sharing their estrangement experiences with individuals (whether helping professionals such as counsellors, or not) who do not have fixed ideas about what families should look like and how they should function.

Another key finding that is consistent with the counselling literature more broadly is that therapy is most highly valued by clients when it is their own choices that are supported and expanded upon, rather than those of their counsellors (Bowman & Fine, 2000; Glass & Arnkoff, 2000; Kuehl et al., 1990). A positive therapeutic relationship therefore includes not only care and compassion, but a collaborative framework or partnership in which clients are active participants who feel respected and valued (Horvath, 2000).

The counsellor’s experience and expertise was central to respondents’ positive experiences of counselling. Helpful encounters with therapy were those in which respondents felt that their counsellors understood estrangement or specific family systems (e.g., childhood sexual abuse, alcoholism and addiction). Counsellors who demonstrated little understanding or appreciation of estrangement in terms of its causes or its impact on estranged individuals’ lives were viewed as unhelpful.

In addition to appreciating that estrangement can and does happen, therapy delivered by counsellors who appreciate that no two individuals’ experiences of estrangement are the same were highly regarded. For some respondents, learning about family roles and history

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was valuable, whereas for others, practical information as to how to move forward was a more desirable goal. Indeed, estrangement is both complex and diverse and each individual's experiences of estrangement and individual attributes will be unique. Setting clear and realistic goals with clients may therefore be particularly helpful. In the counselling literature more broadly, clients have been found to appreciate therapists who are flexible, adapting their approaches to the individual and unique situation of the client in the context of their life (Henkelman & Paulson, 2006; Kuehl et al., 1990).

Our respondents reported feeling able to talk openly about their experiences and feeling supported and validated when working with therapists who were perceived to be compassionate and caring. Therapy is broadly known to be most helpful when delivered by counsellors who have these qualities. In a study exploring the counselling experiences of cancer patients, the therapeutic approach of their counsellor (or what their therapist was "doing" in their sessions together) was less important than the nature and qualities of their counsellor (or how they were "being," or had treated them; MacCormack et al., 2001). Since the 1950s, therapists have recognized that the conditions of the relationship that the therapist offers through being kind, caring, and supportive are crucial for therapy to be successful (Horvath, 2000). More recently, empirical research exploring the client's perspective has confirmed that clients value therapists who they feel care about them, listen to them, and validate their thoughts and feelings (Elliot & Williams, 2003; Hodgetts & Wright, 2007). In the present study, some respondents described their therapist as acting as a surrogate parent or nurturer, which again reflects the counselling literature more broadly in that a positive therapeutic relationship might have the potential to lead to healthy changes in the client's expectations of how other people will react to their requests for help and security (i.e., their internal working models of attachment relationships; Lotti, 2007).

Limitations and Future Directions

Several limitations of this study need to be considered when interpreting our findings. The respondents who participated in this survey had actively sought out and joined an online community for those estranged from a family member. It is unknown whether the findings of this study are generalizable to those who are not help-seeking and do not identify as estranged. The respondents to the survey also had a diversity of estrangement experiences. Future research which delves deeper into the specific causes of estrangement and experiences of counselling will likely be helpful in addressing the nuances of how therapy can be the most helpful to specific groups (e.g., individuals estranged from parents, adult children, or both; those who are involuntarily estranged and those who have deliberately chosen to initiate and maintain estrangement; those estranged from siblings only, those estranged from siblings and parents, etc.)

Respondents had also received therapy that differed in its accessibility (long-waiting lists vs. private counselling), length (short-term vs. long-term), and orientation (person-centered, cognitive-behavioral therapy, etc.), and that had been delivered by professionals with different kinds and levels of experience and training (e.g., psychiatrist, psychotherapist, and family therapist). The respondents also lived in different countries, in which the delivery of therapy and counselling likely varies in culture and codes of practice. Future research with a more narrow focus on these dimensions would be beneficial for delving into the nuances concerning aspects of counselling that are particularly helpful or unhelpful.

Although our data are diverse in terms of the reported frequency and level of contact between family members and the factors that contributed to estrangement, most of the respondents to the survey were White females. This is an important aspect to bear in mind, given debates and discussions regarding how counselors and therapists can best work with

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individuals with whom they do not share the same ethnic background, culture, assumptions or beliefs (e.g., Johnson & Nadirshaw, 1993; Laungani, 1997).

Conclusion and Implications

Despite its limitations, the present study provides an initial inductive exploration into what aspects of counselling estranged individuals find to be helpful and unhelpful. Although absent from the literature until now, research exploring the counselling experiences of estranged individuals is an important piece of the puzzle in understanding how some individuals cope with estrangement, and how professionals who work with and alongside individuals who are estranged from family member might best meet their needs.

Our findings indicate that therapy delivered by professionals offering non-directive support—as opposed to suggesting that clients should think, feel, or act in a certain way—will be of the greatest help and utility to individuals estranged from a family member. As Henkelman and Paulson (2006) concluded, “clients are aware of their own process, and are the best judges of their own experience” (p. 142). The findings also indicate that counsellors who have an appreciation and awareness of estrangement are best equipped to help clients seeking help with estrangement. Conversely, therapy in which myths and assumptions about family relationships are reinforced are not helpful when working with individuals who are estranged from a family member.

For counsellors and therapists to best address the needs of those who are estranged from a family member, we conclude with four recommendations. First, future research of a more focused nature is needed to explore and examine estranged individuals’ experiences of counselling. Second, counsellors need to be provided evidence-based training—both in their initial and ongoing training—on how best to work with and support individuals who are estranged from a family member. Third, practitioners who have expertise with family estrangement need to be more explicit about this in their professional profiles and

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qualifications. Finally, the findings of this study and other studies of this nature need to be shared with estranged individuals seeking help, so that they are better able to evaluate and consider the counselling that they receive.

For Peer Review

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